

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filer) <b>CITY SECRETARY</b>	2 Total pages filed: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Frank</b>	FIRST <b>Franklin</b> LAST <b>MOSS</b>	MI <b>Douglas</b> SUFFIX <b>Sr.</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5625 Eisenhower Dr. Fort Worth, Texas 76112</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(817) 446-8101 -</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Ed</b>	FIRST <b>Edmond</b> LAST <b>MOSS</b>	MI <b>L.</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2333 Jenson Court, Fort Worth, Texas 76112</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(817)</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01/01/2010    06/30/2010</b>		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>Fort Worth City Council DISTRICT 5</b>		
13 OFFICE SOUGHT (if known)	<b>NA</b>		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name <b>NA</b> Address / PO Box; Apt. / Suite #; City; State; Zip Code <b>NA</b>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME***Franklin (Frank) Moss, Sr.***16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. •

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,969.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1,094.20

4. TOTAL POLITICAL EXPENDITURES

\$ 6,347.30

**CONTRIBUTION  
BALANCE**

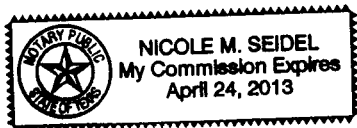
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 7,499.69

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Franklin D. Moss*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin D. Moss, this the 15th day of July, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/11

2 FILER NAME

Franklin (Frank) MOSS, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March 9,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

Good Government Fund

6 Contributor address; City; State; Zip Code

201 Main Street, Suite 2500  
Fort Worth, Texas 76102

7 Amount of  
contribution (\$)

500.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March 9,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Perdue, Brackett, Flores, Utr & Burns

Contributor address; City; State; Zip Code

307 West 7th Street Suite 1225  
Fort Worth, Texas 76102

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March 16,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Randy and Beth Gideon

Contributor address; City; State; Zip Code

3812 Monticello Dr.  
Fort Worth, Texas 76107

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March 16,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Martha U. Leonard

Contributor address; City; State; Zip Code

1411 Shady Oaks Lane  
Fort Worth, Texas 76107

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March 16,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

R. E. Bolen

Contributor address; City; State; Zip Code

4213 Candlewind Ln.  
Fort Worth, Texas 76133

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/11

2 FILER NAME

Franklin (Frank) MOSS, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March 16,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

James N. and Gloria Austin

6 Contributor address; City; State; Zip Code

2017 Teakwood Trace  
Fort Worth, Texas 76112

7 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March 16,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Elvin Bennett

Contributor address; City; State; Zip Code

P.O. Box 51320  
Fort Worth, Texas 76105

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March 16,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Reed Pigman, Jr.

Contributor address; City; State; Zip Code

200 Texas Way  
Fort Worth, Texas 76106-2782

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March 16,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Half Associates

Contributor address; City; State; Zip Code

4000 Fossil Creek Blvd  
Fort Worth, Texas 76137

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
16  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Judy Needham

Contributor address; City; State; Zip Code

5329 Collinwood Ave.  
Fort Worth, Texas 76107

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>3/11</i>	
2 FILER NAME <i>Franklin (Frank) MOSS, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>March 17, 2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chris Gauras</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2214 Franklin Dr. Fort Worth, Texas 76011-3216</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>March 19, 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William W. Meadows</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3904 Hamilton Dr. Fort Worth, Texas 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>March 19 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rev. Nehemiah Davis</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2300 Timberline Dr. Fort Worth, Texas 76119</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>March 19, 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James M. Whitton</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4215 Wamock Ct. Fort Worth, Texas 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>March 20, 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ben A. Lantford</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 9540</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4/11

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March  
20,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

Margareth Craddock

6 Contributor address; City; State; Zip Code

4904 Dester Ave.  
Fort Worth, Texas 76107

7 Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March  
20,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Malcolm Lower

Contributor address; City; State; Zip Code

709 Alter Drive  
Fort Worth, Texas 76107

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Kenneth Barr

Contributor address; City; State; Zip Code

3101 Avondale Ave.  
Fort Worth, Texas 76109

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22, 2010

Full name of contributor

☐ out-of-state PAC (ID#)

James R Dunaway

Contributor address; City; State; Zip Code

777 Taylor St, Suite 1040  
Fort Worth, Texas 76102

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Luke W. Ellis

Contributor address; City; State; Zip Code

1205 Mistletoe Pr.  
Fort Worth, Texas 76110

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5/11

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March  
22  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

Marcus + Tengmana Knight

6 Contributor address; City; State; Zip Code

1823 Athena Dr.  
Lancaster, Texas 751347 Amount of  
contribution (\$)

200.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth Palmer

Contributor address; City; State; Zip Code

6458 Floyd Dr.  
Fort Worth, Texas 76116Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Devoyd Jennings

Contributor address; City; State; Zip Code

4551 Parkwood  
Fort Worth, Texas 76140Amount of  
contribution (\$)

70.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Andre R. McEwing

Contributor address; City; State; Zip Code

3301 Chancellorsville Dr.  
Forest Hill, Texas 76140Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Mike and Rita Utt

Contributor address; City; State; Zip Code

2901 6th Ave.  
Fort Worth, Texas 76110Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6/11	
2 FILER NAME Franklin (Frank) Moss, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date March 22, 2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mehrdad Moayeri 6 Contributor address; City; State; Zip Code 1221 N. I 35 E. Suite 200 Carrollton, Texas	7 Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date March 22, 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ross Calhoun Contributor address; City; State; Zip Code 3709 Santiago Ct. Irving, Texas 75062	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date March 22, 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick L. Wessel Contributor address; City; State; Zip Code 690 E. Lamar Blvd, Suite 400 Arlington, Texas 76011	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date March 22, 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James N. and Gloria Austin Contributor address; City; State; Zip Code 2017 Teakwood Trace Fort Worth, Texas 76112	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date March 22, 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Committee for Responsible Gov. FT. WTH. Retired Fire Fighters Contributor address; City; State; Zip Code 1617 Tierney Rd. Fort Worth, Texas 76112	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7/11

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March  
22,  
2010

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

B. Lynn Stavinoha

6 Contributor address; City; State; Zip Code

4918 Bridgewater  
Arlington, Texas

7 Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Tab and Bonnie Beall

Contributor address; City; State; Zip Code

P.O. Box 1513  
Tyler, Texas 75710-1513

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

E. Banda

Contributor address; City; State; Zip Code

1006 Tilley  
Dallas, Texas 75211

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Rodrigue Bruce Medley

Contributor address; City; State; Zip Code

4025 Woodland Park Blvd.  
Arlington, Texas 76013-4377

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

David S. Crawford

Contributor address; City; State; Zip Code

6700 Oak Hill Dr.  
Fort Worth, Texas 76132

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8/11

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March  
22,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gregg M. McLaughlin

6 Contributor address; City; State; Zip Code

4319 Vine Ridge Ct.  
Arlington, Texas 76017-2208

7 Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

march  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Kelvin and Stephanie Brennen

Contributor address; City; State; Zip Code

6708 Stoneham  
Amarillo, Texas 76109

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Robert A. Mott

Contributor address; City; State; Zip Code

2911 Julian St.  
Houston, Texas 77009-7113

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

march  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Ronald B. Rosemar

Contributor address; City; State; Zip Code

701 Kuhlman Rd  
Houston, Texas 77024

Amount of  
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

march  
22,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Marc Veasey

Contributor address; City; State; Zip Code

P.O. Box 50131  
Fort Worth, Texas 76105

Amount of  
contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9/11

2 FILER NAME

Franklin(Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March 22,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

Alex Vaughn

Cash America Pawn

Contributor address; City; State; Zip Code

1600 West 7th St.

Fort Worth, Texas 76102

7 Amount of  
contribution (\$)

1,000.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March  
22  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Freeze and Nichols PAC

Contributor address; City; State; Zip Code

4055 International Plaza, ste 2e

Fort Worth, Texas 76109

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
22  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Tony & Debbie Ellison

Contributor address; City; State; Zip Code

4608 87th St.

Lubbock, Texas 79424-2605

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
24,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Linda Pavlick

Contributor address; City; State; Zip Code

6115 Camp Bowie, ste 270

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
27,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

James O. Collins

Contributor address; City; State; Zip Code

Po Box 817

Lubbock, Texas 79408

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### **ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10/11

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

March  
26,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#)

John U. Roach, II

6 Contributor address; City; State; Zip Code

2805 Alton Rd.  
Fort Worth, Texas 76109

7 Amount of  
contribution (\$)

200.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

March  
29,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Jason C. N. Smith

Contributor address; City; State; Zip Code

2230 College Ave.  
Fort Worth, Texas 76110

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
29,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

James O. Collins

Contributor address; City; State; Zip Code

P.O. Box 817  
Lubbock, Texas 76102

Amount of  
contribution (\$)

50.00

~~250.00~~

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
31,  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

Mike & Rita Moncrief

Contributor address; City; State; Zip Code

777 Taylor St., Suite 1030  
Fort Worth, Texas 76102

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March  
April  
14  
2010

Full name of contributor

☐ out-of-state PAC (ID#)

David F. Chappel

Contributor address; City; State; Zip Code

600 West 6th Street, Suite 300  
Fort Worth, Texas 76102

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11/11

2 FILER NAME

FRANKLIN (Frank) MOSS, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

April  
23,  
2010

5 Full name of contributor

☐ out-of-state PAC (ID#:

Larry Shaw

6 Contributor address; City; State; Zip Code

3902 Kingsferry Ct.  
Arlington, Texas 76016

7 Amount of  
contribution (\$)

499.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### **ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1/4

2 FILER NAME

Franklin (Frank) MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

March  
19,  
2010

5 Payee name

Franklin D. MOSS

6 Payee address; City; State; Zip Code

5625 Eisenhower Dr.  
FORT WORTH, Texas 76112

7 Amount  
(\$)

500.00

8 Purpose of payment (See instructions regarding type of information required.)

Loan Repayment

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

March  
24,  
2010

Payee name

Aids Outreach Center

Payee address; City; State; Zip Code

FORT WORTH, Texas 76111

Amount  
(\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Donation to Celebration 4 Life  
concert

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

March  
29  
2010

Payee name

Franklin (Frank) MOSS

Payee address; City; State; Zip Code

5625 Eisenhower Drive  
FORT WORTH, Texas 76112

Amount  
(\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Travel Advance

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

March  
28,  
2010

Payee name

Chet Edwards Campaign

Payee address; City; State; Zip Code

PO BOX 23273  
WACO, TEXAS 76702

Amount  
(\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2/4

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

April  
10,  
2010

Open Channels Group

6 Payee address; City; State; Zip Code

101 Summit Ave. Suite 208  
Fort Worth, Texas 76102

1,422.90

8 Purpose of payment (See instructions regarding type of information required.)

Fund Raiser Expense

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

April  
26,  
2010

ENTER FOR STOP SIX HENTON

Payee address; City; State; Zip Code

5100 Willie Street  
Fort Worth, Texas 76105

500.00

Purpose of payment (See instructions regarding type of information required.)

Membership - Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

April  
9  
2010

Macy's

Payee address; City; State; Zip Code

1301 Melborne Rd.  
Hurst, Texas

54.11

Purpose of payment (See instructions regarding type of information required.)

General Supplies

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

April  
9  
2010

Office Depot

Payee address; City; State; Zip Code

1600 Eastchase  
Fort Worth, Texas

109.20

Purpose of payment (See instructions regarding type of information required.)

General Office Supplies

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3/4

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

May  
23,  
2010

5 Payee name

Brighter Outlook INC.

6 Payee address; City; State; Zip Code

1901 Amanda Street  
Fort Worth Texas 76105

7 Amount (\$)

500.00

8 Purpose of payment (See instructions regarding type of information required.)

Gospel  
Table, Prayer Breakfast

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

June 8  
2010

Payee name

Renascence Cultural Center

Payee address; City; State; Zip Code

2401 Scott Street  
Fort Worth, Texas 76103

Amount (\$)

700.00

Purpose of payment (See instructions regarding type of information required.)

Tickets to Living Legion Dinner.

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

June 14,  
2010

Payee name

Enterprise Rent-a-Car

Payee address; City; State; Zip Code

1418 Milam St.  
Fort Worth, Texas 76112

Amount (\$)

119.46

Purpose of payment (See instructions regarding type of information required.)

Auto Rental Travel to TABCCM meeting

(If travel outside of Texas, complete Schedule T) Tyler.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

March  
22  
2010

Payee name

~~March 22~~ Office Depot

Payee address; City; State; Zip Code

1600 Eastchase  
Fort Worth, Texas

Amount (\$)

55.72

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4/4

2 FILER NAME

Franklin (Frank) MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

May 7,  
2010

5 Payee name

Franklin D. MOSS

6 Payee address; City; State; Zip Code

5625 Eisenhower DR.  
FORT WORTH, TEXAS 76112

7 Amount  
(\$)

140.00

8 Purpose of payment (See instructions regarding type of information required.)

TRAVEL ADVANCE

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

May 10,  
2010

Payee name

Lubys Cafe

Payee address; City; State; Zip Code

1200 Bridge wood Dr.  
FORT WORTH, TEXAS 76112

Amount  
(\$)

53.16

Purpose of payment (See instructions regarding type of information required.)

Lunch with workers'

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

May 17  
2010

Payee name

Fry's

Payee address; City; State; Zip Code

102 E. I20  
Arlington, Texas 76018

Amount  
(\$)

338.55

Purpose of payment (See instructions regarding type of information required.)

Camera Equipment

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

May 27  
2010

Payee name

Franklin D. MOSS

Payee address; City; State; Zip Code

5625 Eisenhower Dr.  
FORT WORTH, TEXAS 76112

Amount  
(\$)

60.00

Purpose of payment (See instructions regarding type of information required.)

TRAVEL ADVANCE

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED